

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | th | | 05/11/01 |
| O.I.P.E. CLASSIFIER | ✓ | | 5/30/01 |
| FORMALITY REVIEW | lc | 10/9 | 07-05-01 |
| RESPONSE FORMALITY REVIEW | SG | (077) | 9/25/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
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| Final | |
| Original | 19 |
| Original | 20 |
| Original | 03 |
| Original | 04 |
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| Claim | Date |
|----------|------|
| Final | |
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| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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BEST AVAILABLE COPY

50-51
09/25/01

1/06/01